

P 451 046 972

RECEIPT FOR CERTIFIED MAIL


NO INSURANCE COVERAGE PROVIDED

NOT FOR INTERNATIONAL MAIL

(See Reverse)

★ U.S.G.P.O. 1985-480-794

PS Form 3800, June 1985

Sent to AMERICAN HOECHST	
Street and No. 129 GUIDNECK STREET	
P.O., State and ZIP Code COVENTRY, RI 02180	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery	
Return Receipt to whom and	
Return Receipt Date, and Address	
SEMS DocID 639863	
TOTAL Postage and Fees	\$
<div style="border: 2px solid black; padding: 10px; margin: 10px;"> <p>Site, <u>Davis Ligned</u></p> <p>Postmark or Date <u>Break: 11.9</u></p> <p><u>Other: 639863</u></p> </div>	
INDUSTRIAL CHEMICAL	

**STICK POSTAGE STAMPS TO ARTICLE TO COVER FIRST CLASS POSTAGE,
CERTIFIED MAIL FEE, AND CHARGES FOR ANY SELECTED OPTIONAL SERVICES. (see front)**

1. If you want this receipt postmarked, stick the gummed stub to the right of the return address leaving the receipt attached and present the article at a post office service window or hand it to your rural carrier. (no extra charge)
2. If you do not want this receipt postmarked, stick the gummed stub to the right of the return address of the article, date, detach and retain the receipt, and mail the article.
3. If you want a return receipt, write the certified mail number and your name and address on a return receipt card, Form 3811, and attach it to the front of the article by means of the gummed ends if space permits. Otherwise, affix to back of article. Endorse front of article **RETURN RECEIPT REQUESTED** adjacent to the number.
4. If you want delivery restricted to the addressee, or to an authorized agent of the addressee, endorse **RESTRICTED DELIVERY** on the front of the article.
5. Enter fees for the services requested in the appropriate spaces on the front of this receipt. If return receipt is requested, check the applicable blocks in item 1 of Form 3811.
6. Save this receipt and present it if you make inquiry.

- **SENDER:** Complete Items 1, 2, 3, and 4.
 - Add your address in the "RETURN TO" space on reverse.

(CONSULT POSTMASTER FOR FEES)

1. The following service is requested (check one).

☐ Show to whom and date delivered c

☐ Show to whom, date, and address of delivery .. c

- 2.
- ☐
- RESTRICTED DELIVERY**
- 5 c

(The restricted delivery fee is charged in addition to the return receipt fee.)

TOTAL \$ _____

3. ARTICLE ADDRESSED TO: **AMERICAN HOECHST**
129 QUIDDECK STREET
COVENTRY, RI 02180

4. TYPE OF SERVICE:

☐ REGISTERED

☐ INSURED

☐ CERTIFIED

☐ COD

☐ EXPRESS MAIL

ARTICLE NUMBER

P451046972

(Always obtain signature of addressee or agent)

I have received the article described above.

SIGNATURE

☐ Addressee

☒ Authorized agent

5. DATE OF DELIVERY

 POSTMARK
 (may be on reverse side)

6. ADDRESSEE'S ADDRESS (Only if requested)

7. UNABLE TO DELIVER BECAUSE:

7a. EMPLOYEE'S INITIALS

RETURN RECEIPT

UNITED STATES POSTAL SERVICE
OFFICIAL BUSINESS



SENDER INSTRUCTIONS

Print your name, address, and ZIP Code in the space below.

- Complete items 1, 2, 3, and 4 on the reverse.
- Attach to front of article if space permits, otherwise affix to back of article.
- Endorse article "Return Receipt Requested"
- adjacent to number.



PENALTY FOR PRIVATE
USE, \$300

RETURN
TO



9277

HSV-5

Rosina R. Toccoard
(Name of Sender)
U.S. EPA
JFK Federal Building
(Street or P.O. Box)
Boston, MA 02203
(City, State, and ZIP Code)